



# Problem Gambling Screening, Assessment and Treatment Integration in a Primary Care Setting

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**Problem Gambling Screening, Assessment and Treatment Integration**



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## North East Medical Services

***Mission:*** To provide affordable, comprehensive, compassionate and quality health care services in a linguistically competent and culturally sensitive manner to improve the health and well-being of our community.

- Founded in 1968
- Operates 10 clinics throughout SF Bay Area





## NICOS Chinese Health Coalition

*Mission: To Enhance the Health and Well-Being of San Francisco's Chinese Community.*

- Founded in 1985
- Located in SF Chinatown
- Public-private-community partnership of 30+ groups

# Overview

- Integration of behavioral health at North East Medical Services, a primary care agency in the Bay Area, California
- Incorporation of problem gambling in Behavioral Health integration process – Screening, Warm Handoff, Phone outreach, Referral
- Data
- Lessons Learned

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# Integrated Behavioral Health Care



# Need for Behavioral Health Services in Primary Care

- “Many patients come for multiple medical appointments, but there is very little that I can do for them, they really need mental health services” - quote from a primary care provider
- According to the SAMHSA “National Survey on Drug Use and Health”, 15.8% of adult Asians had a mental illness in the past year, compared to 18.3% of Hispanics, 19.7% of blacks, and 20.6% of white. (SAMHSA 2010)
- According to NAMI, a widespread behavioral health issue in the Asian community is problem gambling. One study shown that about 5% of the general population has a gambling addiction, but 20% in the Chinese-American community are problem gamblers (NAMI, 2011)

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# Barriers to Access

- There are many barriers to access to behavioral health care, some of them are:
- (1) Cultural Stigmas and Beliefs
- (2) Language
- (3) Availability of behavioral health services
- (4) Availability of trained and bilingual BH providers
- (5) Geographic distance and lack of transportation
- (6) Cost and co-payment for treatment
- (7) Immigration and Refugee experience
- (8) Trauma experience

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# Integration of behavioral health in primary care

- Integration of behavioral health services in primary care is one of the solution being proposed to address some of the barriers
- Seeking help from primary care clinics and providers are often more culturally acceptable than from stand alone mental health clinics and mental health providers
- Warm handoff from primary care providers (PCP) to behavioral health providers transfer some of the trust and positive regard of the patients' towards the PCP, to that of the BH provider
- It also addresses other issues such as geographical locations and transportation, as well as coordination between PCP and BH providers

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# Levels of Integration of BH in Primary Care

- Levels of Integration
- 1. Minimal Collaboration
- 2. Basic Collaboration at a Distance
- 3. Basic Collaboration onsite
- 4. Close Collaboration Onsite with Some System Integration
- 5. Close Collaboration Approaching an Integrated Practice
- 6. Full Collaboration in a Transformed/Merged Integrated Practice

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# BHI Project Funded by HRSA

- Two year project funded by HRSA (2014-2016) at North East Medical Services
- Ninety percent (90%) of the membership is Asian, and 86% speak a language other than English.
- The majority of the providers at the agency are bilingual in one or more Asian languages
- The agency has an enrollment of 66,000 members currently
- The goal of the HRSA project is to improve collaboration between on site behavioral health services and primary care.

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# BH Services added thru BHI Project

- On site behavioral health therapist
- On site behavioral health coach
- Implement Annual Behavioral Health Screening – an universal screening of individuals seen in Adult Medicine for behavioral health issues
- Annual Behavioral Health Screening is comprised of four tools: PHQ-2 & PHQ-9; AUDIT-C; Domestic Violence; Problem Gambling
- Same day warm hand-off referral to BH coach
- Automatic referral to BH coach for follow up for individuals with Red Flags, that is, positive outcome on screening
- Referral to behavioral health therapist for therapy and counseling, as appropriate

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# Problem Gambling

- The BHI project focuses on multiple level of change in the organization, we will only present the part that is relevant to problem gambling in today's presentation
- North East Medical Services partnered with NICOS to implement the Problem Gambling Initiative
- Today's presentation will focus on this initiative

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# The Case for Integrating PG in Primary Healthcare

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# Physical Health Issues

Symptoms	Potential Causes
<p>Tachycardia (Morasco et.al, 2006)</p> <p>Hypertension (Lorenz &amp; Yaffee, 1986)</p> <p>Angina (Morasco et.al, 2006)</p> <p>Headaches (Bergh &amp; Kuhlhorn, 1994, Lorenz &amp; Yaffee, 1986)</p> <p>Insomnia (Lorenz &amp; Yaffee, 1986)</p> <p>Skin Problems</p> <p>Gastrointestinal problems such as nausea, ulcers, and colitis (Bergh &amp; Kuhlhorn, 1994, Lorenz &amp; Yaffee, 1986)</p>	<p>Alteration of heart rhythms</p> <p>Decreased blood flow to the heart</p> <p>Increased body tension</p> <p>Exacerbation of skin conditions</p> <p>Irritation and disruption of the digestive system</p>
<p>Cirrhosis and other liver diseases (Morasco et.al, 2006)</p>	<p>Increased prevalence of alcohol abuse</p>



# Medical Utilization, Help Seeking Patterns

- Morasco et al. (2006) found that PGs are more likely to be treated in the ER in the past year
- Evans and Delfabbro (2005) found that PGs did not view treatment services as an option, but rather as a “last resort”

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Who are the  
partners involved?



# NEMS/NICOS Problem Gambling Initiative

- How did we go about to implement the Problem Gambling Initiative?
- (I) Leadership – Support and lead on the prioritization of problem gambling as one of four conditions to be included in annual behavioral health screening
- (II) Practice Change – Support and train staff in administration of screening, work with Electronic Health Record team to incorporate screening data in chart, build and implement and train to new work flow
- (III) Practice Change – Train behavioral health staff to use motivational interview skill to engage individuals in treatment
- (IV) Practice Change – Provide educational sessions to patients on problem gambling and available treatment resources
- (IV) Quality Improvement – Review and learn from data collected to improve program over time

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# Capacity Building: Training & Technical Assistance

# Training Partner: NICOS Chinese Health Coalition

- Providing problem gambling prevention and treatment services since 1999
- Operates the statewide Asian language problem gambling helpline (1-888-968-7888)
- Partner in other OPG-funded efforts such as PGTAT, CalGETS

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# Training & Education: Recipients

## Year 1

- 7/8/15: Training of Nursing/ Medical Assistant staff
- Focused on general information to raise awareness, resources, included bilingual info
- 7/22/15 & 8/26/15: Training of medical provider/ physicians
- Focus on health impacts correlated with PG, neuroscience of addictions and resources

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# Training & Education: Recipients

## Year 2

- 4/1/16 & 4/30/16: Training of NEMS consumers
- Conducted in Cantonese for NEMS consumers, focused on myth busting and promoting responsible gambling, resources
- 9/22/16 & 11/17/16: Advanced clinical trainings for NEMS Behavioral Health staff
- Focused on imparting clinical skills in engaging clients and motivating change

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# Implementation: Universal Screening, Follow-Up & Referrals



# Sample Introduction to Screening

- Sample Introduction to Annual Behavioral Health Screening Questionnaire
- “As your primary care provider, we care about your total health and well-being. We understand that many factors affect one’s total wellness, including behavioral health concerns. We are asking all our patients to complete the following screening questions at Intake and annually, so that we can provide better and more comprehensive care for you. Please circle your answer. Thank you”

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# Tool for Screening - Brief Biosocial Gambling Screen (BBGS)

- Created by the Division on Addictions at Cambridge Health Alliance
- Purpose is to help people decide whether to seek formal evaluation of their gambling behavior. The 3 items BBGS is based on the APA DSM-IV criteria for gambling disorder
- Scoring – A “yes” response to any single item indicates potential gambling related problems and the need for additional evaluation
- Psychometric Properties, Gebauer et.al (2010) report that BBGS has good psychometric characteristics: high sensitivity (0.96) and high specificity (0.99). The positive Predictive Value of the BBGS is 0.37. This suggests that one of three individuals who screen positive on the BBGS will be identified as having gambling disorder after full follow-up

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# BBGS Questions

- **Assess!** Ask the right questions: (Brief Biosocial Gambling Screen BBGS)
  - 1) During the past 12 months, have you become restless irritable or anxious when trying to stop/cut down on gambling? 當您嘗試減少或停止賭博時，您是否感到渾身不自在或脾氣暴躁呢？
  - 2) During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? 是否曾經對家人或朋友隱瞞自己參與賭博的程度？
  - 3) During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? 是否曾經應因為賭博帶來的經濟絕境而需要倚靠家人，朋友或社會福利組織來提供金錢？

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# Behavioral Health Follow Up

- Same Day warm hand-off
- Follow up Phone call
- Provide resource such as the statewide problem gambling referral line (800 number), and NICOS helpline for problem gamblers
- Referral for individuals to local treatment programs, if applicable

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# 1-888-968-7888 Services



## **Training & outreach**

Problem Gambling Technical Assistance & Training (PGTAT) Project

## **Bilingual face-to-face counseling**

Chinese Community Problem Gambling Project

## **Telephone counseling**

9 languages/ dialects: Cantonese, Mandarin, Teo-Chow, Taiwanese, Korean, Hindi, Punjabi, Tagalog, Vietnamese

## **Referrals & resources**

Signing up for self-exclusion programs, finding GA meetings, free brochures & booklets, linking to state-sponsored treatment services, referrals to other legal/ financial resources, etc.

**All services are cost-free!**

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Evaluation:  
Preliminary Data



# Data

- Total number of adults screened since December 21<sup>st</sup>, 2015 to January 10, 2017 – 28,892
- Total number of individuals with “red flags” (i.e. answer yes to one of the three screening questions) – 149
- Percentage – 0.52%

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# Reasons for low number of red flags for problem gambling

- Some of the possible reasons contributing to the relatively low number of red flags on the BBGS are:
- Stigma
- Fear to disclose in the presence of other family members while taking survey
- Lack of understanding of relationship between problem gambling and brain functioning
- Lack of understanding of relationship between problem gambling and health conditions
- Lack of understanding of the distinction between recreational gambling and problem gambling

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Lessons Learned



# Lessons Learned

- Incorporation of problem gambling into overall behavioral health integration and screening at primary care is a good approach to “de-stigmatize” problem gambling, and to improve awareness and education of both the provider and patient population. For individuals at risk of problem gambling behavior, this can prompt the start of the “Pre-contemplation” and “Contemplation” phases.
- More research and validation of the screening tool is needed. If the screening tool is accepted as an evidence-based tool for prevention of problem gambling, there may be reimbursement for these screening as part of primary care services, in the future, just like screening for depression and alcohol misuse.

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# Lessons Learned (2)

- Change process is hard, support from the agency leadership is a “must”, and financial support from either public or private funding sources is essential for success
- Ongoing training and continuous feedback to front line staff allows continuous correction of problems with implementation and follow up
- More research is needed to understand the best practice for outreach and engage of individuals at risk of becoming problem gamblers. For individuals at risk of problem gambling behavior, therapeutic skill to help them to move into the “Preparation” and “Action” phase of motivational interview.

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# Lessons Learned (3)

- The rate of problem gambling obtained from NEMS patients (0.5%) was lower compared to the rate from the California Prevalence Study (Volberg, 2016) for Californians overall (3.7%) and Asian Californians (3.0%).
- This is the first instance we are aware of that the BBGS is translated into Chinese, and the translated version has NOT been subject to psychometric testing for its validity/ reliability.
- We have to continue to look for effective strategies to remove barriers, and support help-seeking from individuals at risk of and/or impacted by problem gambling, either for themselves or their family members, especially for the minority population impacted by this condition.

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Q & A

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